

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	Utility
Title Line One::	Determination of Center of Focus by
Title Line Two::	Parameter Variability Analysis
Attorney Docket Number::	31162-11-US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	7
Total Drawing Sheets::	7
Small Entity?::	Yes
Secrecy Order in Parent Appl.?::	No

### APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Inventor One Given Name::	Michael
Middle Name::	E.
Family Name::	Littau
City of Residence::	Bend
State or Province of Residence::	Oregon
Country of Residence::	US
Street of Mailing Address::	2043 NE Zachary Court
City of Mailing Address::	Bend

**State or Province of**  
**Mailing Address::** Oregon  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing**  
**Address::** 97701  
**Applicant Authority Type::** Inventor  
**Primary Citizenship**  
**Country::** US  
**Status::** Full Capacity  
**Inventor One Given Name::** Christopher  
**Middle Name::** J.  
**Family Name::** Raymond  
**City of Residence::** Bend  
**State or Province of**  
**Residence::** Oregon  
**Country of Residence::** US  
**Street of Mailing Address::** 1927 NW Hill Point Drive  
**City of Mailing Address::** Bend

**State or Province of**  
**Mailing Address::** Oregon  
**Country of Mailing Address::** US  
**Postal or Zip Code of Mailing**  
**Address::** 97701

#### **CORRESPONDENCE INFORMATION**

**Correspondence Customer**  
**No.::** 005179  
**Phone Number::** (505) 998-1500  
**Fax Number::** (505) 243-2542

**E-Mail Address::** info@peacocklaw.com

**REPRESENTATIVE INFORMATION**

**Representative Customer**

**Number::** 005179

**DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>An application Claiming the Benefit Under 35 USC 119(e)</b>	<b>60/462,353</b>	<b>041/10/2003</b>

**ASSIGNEE INFORMATION**

**Assignee Name::** Accent Optical Technologies, Inc.

**Street of Mailing Address::** 131 NW Hawthorne Boulevard  
Suite 207

**City of Mailing Address::** Bend

**State or Province of Mailing**

**Address:** Oregon

**Country of Mailing Address::** US

**Postal or Zip Code of Mailing**

**Address::** 97701-2958